


**County of San Bernardino
Department of Behavioral Health**

Beneficiary Grievance and Appeal Policy

Effective Date
Revision Date

4/98
5/9/07


Allan Rawland, Director

Policy

It is the policy of the Department of Behavioral Health to provide verbal and written information to Medi-Cal beneficiaries regarding accessing specialty mental health services, filing grievances about services, filing appeals about services and filing for a State Fair Hearing.

Purpose

To ensure all Medi-Cal beneficiaries receiving services through DBH are aware of the grievance and appeal process

Grievance

Definition – an expression (verbal and/or written) of unhappiness about anything regarding a consumers' specialty mental health services that are not one of the problems covered by the Appeal or State Fair Hearing Processes

Note: Even though all staff should make every effort to resolve consumer dissatisfaction at the proper level, the beneficiary is **not** required to go through the provider to resolve the issue.

Confidentiality

DBH will protect confidentiality on all beneficiary grievances and appeals.

Grievance Rights

In the grievance process, the beneficiary have the right to the following:

- To be treated with dignity and respect
 - To file a grievance orally or in writing
 - To ask for assistance with the grievance process
 - To authorize another person to act on his/her behalf
 - To identify a staff person or other individual to assist them with the grievance process
 - To identify a staff person or other individual to provide information regarding the status of their grievance process
 - To not be subject to discrimination or any other penalty for filing a grievance
-

County of San Bernardino

Department of Behavioral Health

Appeal **Definition:** a request for a review of a problem that a consumer has with the MHP or provider, which involves a decision of denial or changes to services received or requested.

Appeal Rights In the appeal process, the beneficiary have the right to the following:

- To be treated with dignity and respect
- To file an appeal orally or in writing
- To select a provider as his/her representative in the appeal process
- To ask for assistance with the appeal process
- To authorize another person to act on his/her behalf
- To identify a staff person or other individual to assist them with the appeal
- To identify a staff person or other individual to provide information regarding the status of their appeal
- To not be subject to discrimination or any other penalty for filing an appeal

Requirement All outpatient clinics, inpatient units and FFS Provider offices are required to maintain copies of the Guide to Medi-Cal Mental Health Services, Grievance and Appeal forms, Request for Change of Provider forms, Request for Second Opinion forms (in Spanish and English) and envelopes addressed to the Access Unit so that the consumer may obtain the forms without asking a staff member.

This beneficiary material must be posted in prominent locations where Medi-Cal beneficiaries receive outpatient specialty mental health services.
